


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED

**Jan 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # 365785 1. Entity Name LA VICTORIA AUTO PARTS, INC.	
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Principal Place of Business 8130 N W 74TH ST MEDLEY, FL 33166	Mailing Address 8130 N W 74TH ST MEDLEY, FL 33166
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DO NOT WRITE IN THIS SPACE

	
01072004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-1306188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARTILES, RUBEN 8130 NW 74 ST MEDLEY, FL 33166
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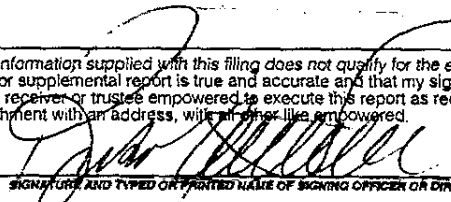
DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent Signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARTILES, RUBEN 8130 NW 74 ST MEDLEY, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTILES, NEIDA 8130 NW 74 ST MEDLEY, FL.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000010000 01/22/04-80013-003 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.		
SIGNATURE: 	01-15-04 (305) 592-3130	Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		